

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

47-163

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 15 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 15 minus 20 = | * |
| INDEPENDENT CLAIMS | 3 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | * 14 | Minus | ** |
| Independent | * 1 | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

| | | | |
|-----------|--------|-----------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 370.00 | BASIC FEE | 740.00 |
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL | | TOTAL | |

SMALL ENTITY

OTHER THAN
SMALL ENTITY
OR

| | | | |
|--------------------|------------------------|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDT. FEE | | TOTAL ADDT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | * | Minus | ** |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

RATE
ADDI-
TIONAL
FEE

RATE
ADDI-
TIONAL
FEE

| | |
|--------------------|--|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

RATE
ADDI-
TIONAL
FEE

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | * | Minus | ** |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

RATE
ADDI-
TIONAL
FEE

RATE
ADDI-
TIONAL
FEE

| | |
|--------------------|--|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

RATE
ADDI-
TIONAL
FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.